Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name/MI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_

Street Address/Apt. #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School/Office of Alleged Violation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For allegation(s) of noncompliance, please check the program or activity referred to in your complaint, if applicable:**

|   Adult Education    American Indian Education   Child Development Programs    Migrant Education    Special Education    Pupil Fees    Bilingual Education |   After School Education and Safety    Consolidated Categorical Aid     Child Nutrition    No Child Left Behind Programs    Every Student Succeeds Act Prog.    State Preschool    Local Control Funding Formula |   Agricultural Vocational Education    Career/Technical Education     Foster/Homeless Youth    Regional Occupational Programs    Tobacco-Use Prevention Education    Lactating Pupils    Economic Impact Aid |
| --- | --- | --- |

**For allegation(s) of unlawful discrimination, harassment, intimidation or bullying, please check the basis of the unlawful discrimination, harassment, intimidation or bullying described in your complaint, if applicable:**

|  Age   Ancestry   Color   Ethnic Group   Identification   Medical Condition |  Gender / Gender Expression / Gender Identity   Genetic Information   National Origin   Race or Ethnicity   Religion |  Sex (Actual or Perceived)   Sexual Orientation (Actual or Perceived)   Based on association with a person or group with one or more of these actual or perceived characteristics   Marital Status |
| --- | --- | --- |

1. Please give facts about the complaint.  Provide details such as the names of those involved, dates, whether witnesses were present, etc., that may be helpful to the complaint investigator.

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1. Have you discussed your complaint or brought your complaint to any JCS personnel?  If you have, to whom did you take the complaint, and what was the result?

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1. Please provide copies of any written documents that may be relevant or supportive of your complaint.

I have attached supporting documents.    Yes   No

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mail complaint and any relevant documents to:

Jennifer Cauzza

Executive Director

P.O. Box 2470

Julian, CA 92036

760-765-5500 X101005

[jcauzza@jcs-inc.org](mailto:jcauzza@jcs-inc.org)